

for the California Medical Association for the two best papers on clinical and research subjects. In order not to overburden the special committee on prizes, only such papers are considered, the authors of which have signified their desire to have their manuscripts so judged. During the last several years it has been distressing to the officers of the California Medical Association that so few entrants have registered for these prizes.

In the hope of securing a larger number of entrants, the rules were again revised by the Council at its September 26 meeting, and these rules are printed in the official notices of the California Medical Association column of this issue. (See page 386.)

It will be noted therefrom that any paper read before one of the scientific sections of the Association may be submitted for prize consideration. This is made possible through the observance of certain simple rules, whereby secrecy is preserved throughout as regards authors of such papers. As an item of historical interest, the names of California Medical Association members who were the winners or who secured honorable mention for the California Medical Association prizes—since these prizes were inaugurated some years ago—are printed in this number of CALIFORNIA AND WESTERN MEDICINE. (See Miscellany Department, under caption, Medical History of California, page 404.)

Members of the Association are again reminded that the Committee on Prizes holds inviolate the names of all entrants, giving publicity only to those entrants who receive either a prize or honorable mention. Under such conditions no essayist who has done considerable work in the preparation of an annual session paper need feel hesitancy in submitting it for the consideration of the Committee on Prizes. Members of the California Medical Association are again urged to do their part in maintaining these annual prizes. Each successful entrant receives a cash present of one hundred and fifty dollars and, in addition, a neatly framed scroll as a memento of his work. Of course, each entrant also receives that which is equally important, namely the great personal benefit incident to the preparation of such a paper. It would be most gratifying to the Association if the Committee on Prizes could report at the 1932 annual session that a goodly number of members had submitted papers for prize consideration.

THE PACIFIC INSTITUTE OF TROPICAL MEDICINE

The Article by Reed on "Organized Tropical Medicine in the United States."—In the September CALIFORNIA AND WESTERN MEDICINE, page 185, was printed an article by Alfred C. Reed, M. D., of San Francisco, which had the caption: "Organized Tropical Medicine in the Western United States."*

* See, also, article by A. E. Larsen in October CALIFORNIA AND WESTERN MEDICINE, page 308, and letter from J. V. Barrow in this number of CALIFORNIA AND WESTERN MEDICINE, page 403.

Reference is here made thereto, because the facts and plans which are brought out in Reed's discussion and comments are such as to invite the best thought of members of the California Medical Association, and be worthy also of the real interest and coöperation of both the medical profession and the lay public.

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The Pacific Institute for Tropical Medicine.—For those who are not familiar with the status of tropical medicine research in America, it may be stated that the Hooper Foundation of Medical Research of the University of California has as one of its departments, "The Pacific Institute of Tropical Medicine," its chief being Dr. Alfred C. Reed, Professor of Tropical Medicine in the University of California Medical School, who is also the author of the above referred to paper. This institute began its active work in February, 1929. Its brief career has not only given justification for its existence but has proven and emphasized the desirability and need of a real school of tropical medicine for the Pacific Coast, with preferable location at San Francisco.

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San Francisco Is a Logical Place for a School of Tropical Medicine.—Reed in his article very aptly states that the United States needs three well-developed centers or institutions of tropical medicine, to be located: one at New York, one at New Orleans, and one at San Francisco. The present day economic stress and strain, with its kaleidoscopic changes in world market relationships, instead of holding back, may really speed the formation of such institutions. Because if America is to establish a premier commercial influence in other continents than its own, and in such manner as to redound in large measure to the economic advantages of the people of the United States, it will be necessary to have somewhat of a trained American personnel whose members will be able to efficiently act as representatives of American business houses in the different countries of other continents.

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What Leading European Nations Have Done.—That such a contention is not visionary is amply and forcibly demonstrated by what European countries whose nationals have been engaged in active competition for the trade of foreign markets in the tropics have found themselves obliged to do. By way of example, could anything be more convincing concerning the importance of schools of tropical medicine as important factors in trade than the following facts:

England has four important schools of tropical medicine, with its major institution in London;

Germany has a very notable institute of tropical medicine at Hamburg;

Holland has an excellent institution of tropical medicine at Amsterdam; and

Belgium has its institute of tropical medicine at Brussels.

The above trading nations of Europe, years ago, through experience, learned that in order to carry on successful trading with peoples of the tropics, it is necessary to have accurate knowledge of the diseases indigenous to such places. In that way trade representatives and travelers—through adequate preliminary education and equipment—are more fully protected against sickness and death, so that business contracts can be carried through to satisfactory fulfillment.

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America in the Future Must Secure More Foreign Trade Markets.—In the struggle for the trade of the world markets—and the peoples of tropical lands offer an inviting field for such endeavors—the nations which send trade representatives who have passed under the supervision of their respective institutes of tropical medicine will have a big advantage. It must be apparent that our own country has still much to learn on best methods of obtaining the trade and good will of foreign peoples. In the past, with the immense territory open in continental America, that need has not been greatly felt, but when the great commercial readjustments which are taking place before our eyes are somewhat settled, then the need of such foreign markets will be appreciated by American business men.

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Present Day Economic Stress Only Emphasizes the Need for an Institute for Tropical Medicine.—And because such will be the case, it may be taken for granted that one of the institutions in America which should and probably will receive both state and private aid will be the "Pacific Institute of Tropical Medicine" of the Hooper Foundation for Medical Research of the University of California.

In passing, it may be stated that plans for buildings and maintenance of this institute were carefully laid in 1929 and a prospectus was issued thereon. Methods for securing an endowment were also carefully worked out prior to that time and, in fact, were about to be inaugurated when the economic collapse in the fall of 1929 necessitated a suspension of all such efforts.

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An Excellent Field for Philanthropic Endeavor.—Mention is made of this in the hope that the attention of citizens who are looking for ways of doing a big service for humanity, for the advancement of science and for the material prosperity and greater development of California and the United States, may be called thereto.

The Pacific Institute for Tropical Medicine is not only giving courses of instruction but has been carrying on most interesting and valuable investigations and researches. It is an institution which is worthy of the active interest and sympathetic coöperation of all citizens of California. Members of the California Medical Association who aid in spreading its reputation for good work will be honoring themselves, their profession, and their State.

STATE MEDICAL LIBRARY

State Medical Library Act Meets With Complications.—The last mention of the State Medical Library of California in CALIFORNIA AND WESTERN MEDICINE was printed in the July, 1931, number, page 48. In that and previous editorials it was stated that the State Medical Library Act (A. B. 477—Neilson), which was signed on June 9, 1931, by Governor James J. Rolph, Jr.—with other legislative measures that had passed both houses—would become a law some sixty days after the date of adjournment of the legislature.

The distress of those members of the California Medical Association who had particularly sponsored and strenuously worked for A. B. 477 for a state medical library can be imagined when in the fore part of October news was given out that a seemingly technical flaw in the legal phraseology of the title of the act might endanger that section thereof which had to do with the appropriation of moneys for its maintenance, thus making impossible the institution of library work until this defect could be remedied by a succeeding legislature. That appropriation, it will be remembered, was made possible through an allocation and transfer of moneys from the reserve funds of the Board of Medical Examiners of the State of California to the regents of the University of California. The act provides that the California State Medical Library with its major branches at San Francisco and Los Angeles is to be conducted under the supervision of the state university regents as one of the activities of the University of California.

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The Unexpected Difficulties Were Overcome.—It is a pleasure therefore to chronicle in this column that these new and unforeseen difficulties have been surmounted, and that *a state medical library will be instituted in California*. This brief comment is here printed so that the members of the California Medical Association who have been watching with interest this new experiment in state library work may know that all is well and that in due time the state medical library will begin its work. In later issues of this journal, as the detailed plans are developed, further comment will be made, so that members of the Association may know how to avail themselves of the privileges of this new institution.

The Sad Experience of Baltimore.—Disastrous fires, both in California and elsewhere, preach telling sermons in favor of Assembly Bill No. 734. The famous Baltimore fire of 1904 necessitated calling for help from the departments of New York, Philadelphia, and Washington. When the men arrived with their trucks and equipment, it was found to be impossible to function, because the fire hose of the other cities had a different thread from that used in Baltimore. Therefore the expert aid needed in the time of great emergency was lacking. Millions of dollars of property was lost, lives were in jeopardy, and confusion was accentuated as an outcome of what would seem to many to be the lack of that uncommon common sense which plans for the days ahead.—*California State Department of Industrial Relations*, May 1931.